



Thrift Savings Plan

Form TSP-17

Information Relating to Deceased Participant

March 1998

INFORMATION AND INSTRUCTIONS

GENERAL INFORMATION

Use this form to provide information about potential beneficiaries of a deceased participant's TSP account. If a valid Form TSP-3, Designation of Beneficiary, is on file with the TSP record keeper, payment of the account will be made according to the designation(s). In that case, the information provided on this form may be used to update the beneficiary's information, (e.g., address) that is on file with the record keeper.

Type or print the information on this form. Make a copy for your records and mail the original form to:

TSP Service Office
National Finance Center
P.O. Box 61500
New Orleans, LA 70161-1500
Telephone number: (504) 255-6000
TDD: (504) 255-5113

I. INFORMATION ABOUT DECEASED PARTICIPANT

Complete all items in this section. This information is needed to identify the deceased participant's account. **You MUST include a copy of the participant's certified death certificate with this form.** The death certificate must state the cause or manner of death. (Note: Some states do not routinely include cause of death on death certificates, so you may have a specifically request a death certificate with cause or manner of death included.)

II. INFORMATION ABOUT YOU

Complete all items in this section.

- If you are **not** a potential beneficiary, you may leave Item 11 (Social Security number) blank.
 - If you are an executor or administrator of the deceased participant's estate, enter "Executor" or "Administrator" in Item 17. Note: If there is not a valid Form TSP-3, Designation of Beneficiary, on file and there is no spouse, child, or parent of the deceased participant, **you must provide the estate's Taxpayer Identification Number (TIN)** in Item 11, if payment is expected to be made to the estate. You do not need to provide the requested information again in Section IV. However, you **must attach** a copy of your court appointment.
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III. INFORMATION ABOUT POTENTIAL BENEFICIARIES

If the participant was married at the time of death (i.e., you answered "Yes" to Item 18), proceed to Section IV; information about other potential beneficiaries is not required. Otherwise, answer all of the remaining questions in this section before proceeding to Section IV.

The information in this section will be used to determine the appropriate beneficiaries if a valid Form TSP-3, Designation of Beneficiary, is not on file. (A will is not valid for the disposition of a TSP account.) Beneficiaries will be determined using the following statutory order of precedence:

1. First, to the widow or widower.
2. If none, to the child or children equally, and descendants of deceased children by representation.
3. If none, to the parents equally or to the surviving parent.
4. If none, to the appointed executor or administrator of the estate.
5. If none, to the next of kin who is entitled to the estate under the laws of the state in which the deceased participant resided at the time of death.

In the statutory order of precedence:

- A child includes a natural child (whether or not the child was born out of wedlock), a child adopted by the participant, and descendants of deceased children; it does not include a stepchild who was not adopted. Note: If the participant's natural child was adopted by someone other than the participant's spouse, that child is not entitled to a share of the participant's TSP account under the statutory order of precedence.
- "By representation" means that, if a child of the participant dies before the participant dies, that child's share will be divided equally among his or her children.
- Parent does not include a stepparent, unless the stepparent adopted the participant.



**THRIFT SAVINGS PLAN
INFORMATION RELATING
TO DECEASED PARTICIPANT**

TSP-17

Use this form to provide information about potential beneficiaries of a deceased Thrift Savings Plan (TSP) participant. Read the instructions for each section before completing the form. **A copy of the participant's certified death certificate must accompany this form.**

**I.
INFORMATION
ABOUT
DECEASED
PARTICIPANT**

1. Name of Deceased Participant _____
Last First Middle
2. _____ 3. _____ / _____ / _____ 4. _____ / _____ / _____
Social Security Number Date of Birth (Month/Day/Year) Date of Death (Month/Day/Year)
5. Legal Residence at Time of Death _____
Street Address
6. City _____ 7. _____ 8. _____
State/Country Zip Code
9. Check here to indicate that you have attached a copy of the certified death certificate (as required).

**II.
INFORMATION
ABOUT YOU**

10. Name _____ 11. _____
Last First Middle Social Security Number (or TIN if estate)
12. Address _____
Street Address or Box Number
13. City _____ 14. _____ 15. _____
State Zip Code
16. Daytime Phone _____ 17. _____
Relationship to Deceased Participant

**III.
INFORMATION
ABOUT
POTENTIAL
BENEFICIARIES**

18. **Participant's Spouse** -- Was the participant married at the time of death?
 Yes No Don't Know
 If "Yes," skip to section IV; if "No" or "Don't Know," complete questions 19 - 22 below.
19. **Participant's Children** -- At the time of the participant's death, were there any **living** children of the participant?
 Yes No Don't Know
 If "Yes," how many? _____ Check here if unsure of the number of children you entered.
20. **Participant's Grandchildren** (from deceased children **only**) --
- A. Were there any children of the participant who died **before** the participant died?
 Yes No Don't Know
 If "Yes," how many? _____ Check here if unsure of the number of children you entered.
- B. If the participant had children who died before he/she died, were there any descendants of those children (i.e., the participant's grandchildren)?
 Yes No Don't Know
 If "Yes," how many? _____ Check here if unsure of the number of grandchildren you entered.
21. **Participant's Parents** --
- A. Was the participant's mother living at the time of the participant's death?
 Yes No Don't Know
- B. Was the participant's father living at the time of the participant's death?
 Yes No Don't Know
22. **Executor of Administrator of Participant's Estate** -- Is there an Executor or Administrator for the estate of the participant?
 Yes No Don't Know

If you answered "Yes" to any of questions 19 - 22, complete Section IV and the rest of this form. If you answered "No" to **every** question in this Section III, skip to Section VII; you may be contacted for additional information.

INFORMATION AND INSTRUCTIONS

IV. DETAILED INFORMATION ABOUT POTENTIAL BENEFICIARIES

The information in this section will be used to locate potential beneficiaries. Be sure to fill in the deceased participant's name and Social Security number at the top of the page. If you need to list more than five persons, make as many photocopies of the page as you need. Check the box at the bottom of the page, and indicate the number of additional pages attached.

If you cannot provide all of the requested information, provide as much information as you can. Write "Don't Know" on any line for which you do not have information. If the information that you are able to provide is not enough to contact the potential beneficiary (that is, if you cannot provide a full address or telephone number) or if you only have information about some of the beneficiaries, also complete Section V.

When providing information about a potential beneficiary who was living at the time of the participant's death but who died after the participant, be sure to provide the date of death for that person.

If you are providing information about children of the participant, be sure to include natural children (including those who were born out of wedlock) and those who were adopted by the participant. Do not provide information for natural children who were adopted by someone other than the participant's spouse.

In the following example, the participant was not married at the time of death, but the participant had two living children, a deceased child who had a son, and a surviving father. Because the participant was not married at the time of death, the applicant needs to provide information about the participant's living children and the grandchild (from the participant's deceased child) identified in Items 19 and 20B. There is no need to provide information about the deceased child identified in Item 20A because that child predeceased the participant. There is also no need to provide information about the surviving parent, because the living children and grandchild will be the beneficiaries according to the statutory order of precedence.

Example

III. INFORMATION ABOUT POTENTIAL BENEFICIARIES	18. Participant's Spouse -- Was the participant married at the time of death?			
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Don't Know			
	19. Participant's Children -- At the time of the participant's death, were there any living children of the participant?			
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know			
	If "Yes," how many? <u>2</u> <input type="checkbox"/> Check here if unsure of the number of children you entered.			
	20. Participant's Grandchildren (from deceased children only) --			
	A. Were there any children of the participant who died before the participant died?			
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know			
	If "Yes," how many? <u>1</u> <input type="checkbox"/> Check here if unsure of the number of children you entered.			
	B. If the participant had children who died before he/she died, were there any descendants of those children (i.e., the participant's grandchildren)?			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know				
If "Yes," how many? <u>1</u> <input type="checkbox"/> Check here if unsure of the number of grandchildren you entered.				
21. Participant's Parents --				
A. Was the participant's mother living at the time of the participant's death?				
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Don't Know				
B. Was the participant's father living at the time of the participant's death?				
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know				
IV. DETAILED INFORMATION ABOUT POTENTIAL BENEFICIARIES	▪ Name <u>Stanek</u> <u>Brad</u> <u>Scott</u> <u>Son</u>			
	Last First Middle Relationship to Deceased Participant			
	Address <u>123 Main Street</u> <u>Chicago,</u> <u>IL</u> <u>60612</u>			
	Street Address or Box Number City State Zip Code			
	Phone <u>(312) 555 - 1985</u> <u>912 - 34 - 5678</u>			
	Social Security Number			
	Check one: <input checked="" type="checkbox"/> Daytime <input type="checkbox"/> Evening			
	If this person died after the participant, provide the date of death. _____			
	Month Day Year			
	▪ Name <u>Wadine</u> <u>Marie</u> <u>Therese</u> <u>Daughter</u>			
	Last First Middle Relationship to Deceased Participant			
	Address <u>1523 West Walnut St.</u> <u>Pottstown,</u> <u>PA</u> <u>19464</u>			
	Street Address or Box Number City State Zip Code			
	Phone <u>(610) 555 - 9432</u> <u>923 - 45 - 6789</u>			
	Social Security Number			
	Check one: <input checked="" type="checkbox"/> Daytime <input type="checkbox"/> Evening			
	If this person died after the participant, provide the date of death. _____			
	Month Day Year			
▪ Name <u>Stanek</u> <u>Thomas</u> <u>Arthur</u> <u>Grandson</u>				
Last First Middle Relationship to Deceased Participant				
Address <u>921 North Avenue</u> <u>Gaithersburg,</u> <u>MD</u> <u>20878</u>				
Street Address or Box Number City State Zip Code				
Phone <u>(301) 555 - 1980</u> <u>934 - 56 - 7890</u>				
Social Security Number				
Check one: <input checked="" type="checkbox"/> Daytime <input type="checkbox"/> Evening				
If this person died after the participant, provide the date of death. _____				
Month Day Year				

IV. DETAILED INFORMATION ABOUT POTENTIAL BENEFICIARIES

If the participant was married at the time of death, provide the requested information for the deceased participant's spouse only. Otherwise, provide the requested information for all living children of the participant whom you identified in Item 19 and all grandchildren (from deceased children only) whom you identified in Item 20B in Section III. (You do not need to provide this information for any children identified in Item 20A who died before the participant.)

If you answered "No" to all questions related to the spouse and children, provide the requested information for parent(s) of the participant identified as living in Items 21A and 21B. If there were no living parents, provide information about the Executor or Administrator identified in Item 22.

Name Last First Middle Relationship to Deceased Participant
Address Street Address or Box Number City State Zip Code
Phone Social Security Number
Check one: Daytime Evening
If this person died after the participant, provide the date of death. Month Day Year

Name Last First Middle Relationship to Deceased Participant
Address Street Address or Box Number City State Zip Code
Phone Social Security Number
Check one: Daytime Evening
If this person died after the participant, provide the date of death. Month Day Year

Name Last First Middle Relationship to Deceased Participant
Address Street Address or Box Number City State Zip Code
Phone Social Security Number
Check one: Daytime Evening
If this person died after the participant, provide the date of death. Month Day Year

Name Last First Middle Relationship to Deceased Participant
Address Street Address or Box Number City State Zip Code
Phone Social Security Number
Check one: Daytime Evening
If this person died after the participant, provide the date of death. Month Day Year

Name Last First Middle Relationship to Deceased Participant
Address Street Address or Box Number City State Zip Code
Phone Social Security Number
Check one: Daytime Evening
If this person died after the participant, provide the date of death. Month Day Year

Check here if additional pages are used. Number of additional pages

INFORMATION AND INSTRUCTIONS

**V.
REFERRAL FOR
INFORMATION** If you answered "Don't Know" about potential beneficiaries in Section III, or you cannot provide a name, address, or the telephone number for any individual you identified in Section IV, provide the name, address, and the phone number of anyone else whom the TSP can contact to obtain this information. If you cannot provide both the address and telephone number, provide any information that you can.

**VI.
ADDITIONAL
INFORMATION** You can use the space in this section to expand upon or clarify any information provided on this form. You can also use this space to provide additional information not covered elsewhere on this form that may be relevant to the disposition of the deceased participant's account. (If you need additional space, continue on a blank sheet of paper.)

**VII.
CERTIFICATION** You must sign and date this form.

Remember to attach a copy of the participant's certified death certificate when you submit this form.